

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3						
4		2				
5		1				
6		2				
7		1				
8		2				
9		1				
10		1				
11		3				
12		3				
13		1				
14		2				
15		1				
16		2				
17		1				
18		2				
19		3				
20		3				
21		3				
22		2				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35	1					
36	1					
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

79  
10/80